

PATENT APPLICATION SERIAL NO.

10/532201

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

Refund Ref:  
10/04/2005

0030025902

Credit Card Refund Total: \$50.00

Master C: XXXXXXXXXXXX1131

*2642*

Void date: 10/04/2005 TJOHNS02 10532201  
10/04/2005 TJOHNS02 00000001 -200.00 OP  
01 FC:2642

04/26/2005 GFREY1 00000000 10532201

01 FC:2631  
02 FC:2633  
03 FC:2632

150.00 OP  
100.00 OP  
250.00 OP

Refund Ref:  
08/26/2005

0030024895

Credit Card Refund Total: \$50.00

Master C: XXXXXXXXXXXX1131

Adjustment date: 10/04/2005 TJOHNS02  
08/26/2005 WALLACE 00000001 10532201  
01 FC:2641 -50.00 OP

Refund Ref:  
08/26/2005

10/04/2005 0030024895

Credit Card Refund Total: \$50.00

Master C: XXXXXXXXXXXX1131

PTO 1566 Adjustment date: 10/04/2005 TJOHNS02  
08/26/2005 WALLACE 00000001 10532201  
(S) 01 FC:2641 -50.00 OP

10/04/2005 TJOHNS02 00000003 501619 10532201  
01 FC:2632 50.00 DA 200.00 OP

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: \_\_\_\_\_

2 Serial/Patent # 10/532 201

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT



Filing

\$ 50

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT  
OF REFUND

\$ 50

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 50--1619

10 REASON:



Overpayment

Duplicate Payment

No Fee Due (Explanation):

*Rule change - 08 Dec 2004*

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

TITLE: Supervisor

SIGNATURE: Terry M. Johnson

PHONE: 723-308-9140

OFFICE: DO/EO

X221

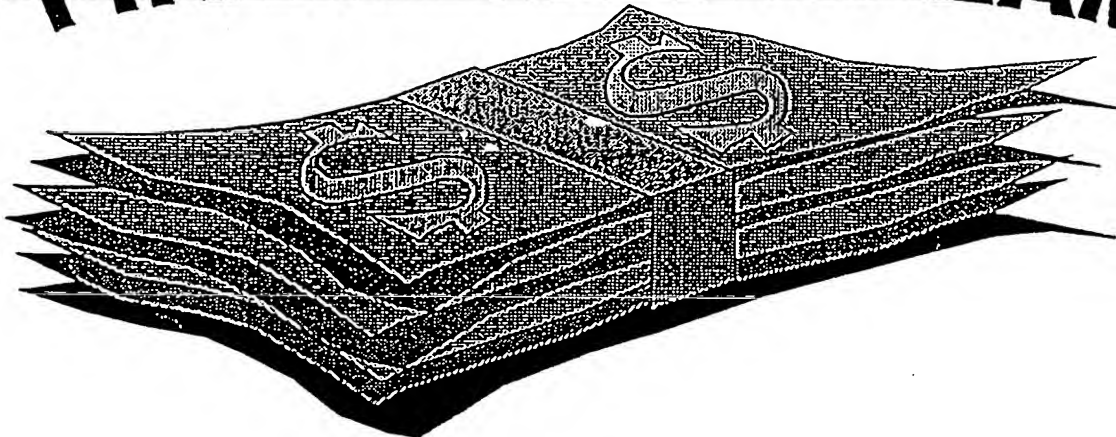
\*\*\*\*\*  
THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

# SPECIAL REQUEST FOR FINANCE/RAM TEAM



TO: PCT RAM TEAM CP2/5<sup>TH</sup> FLOOR

PLEASE PROCESS THE FOLLOWING ADJUSTMENTS:

FROM

TO

CODE	FEE AMOUNT	CODE	FEE AMOUNT
<u>2632</u>	<u>250</u>	<u>2642</u>	<u>200</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ER :

☐ CHARGE VOUCHER IS ATTACHED TO CHARGE / REFUND  
ADDITIONAL FEES

☐ OTHER : \_\_\_\_\_

THE ORIGINAL METHOD OF PAYMENT WAS

☐ BY A CHECK

☒ BY A CHARGE TO DEPOSIT ACCOUNT NO. 50-1619

REQUESTED BY: Terry M. Johnson Vesselst DATE: \_\_\_\_\_

BEST AVAILABLE COPY